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Bib Data Sheet

CONFIRMATION NO. 9373

<b>SERIAL NUMBER</b> 09/988,916	<b>FILING DATE</b> 11/19/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 728-205	
<b>APPLICANTS</b> Hsi-Chin Tsai, Shulin City, TAIWAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/04/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Michael J. Hayes</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Hedman & Costigan, P.C. 1185 Avenue of the Americas New York, NY 10036-2646					
<b>TITLE</b> Retractable safety syringe					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		